

Iraqi Board for Medical Specializations

Scientific Council of Dermatology and Venereology

Training program

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I. MISSION STATEMENT

The mission of the Council of Dermatology at the Iraqi Board for Medical specializations is:

A: to provide high quality medical care to patients;

B: to provide knowledge and training about diseases of the skin, hair, nails, and mucous membranes to medical graduate doctors

C: to perform original clinical research that adds to the understanding of diseases of the skin, hair, nails and mucous membranes and their treatment.

D. To provide knowledge and practical training on aesthetic dermatology,

The objective of our training program is to provide the opportunity for trainees to become able to independently deliver superior specialized care for patients with diseases of the skin, hair, nails, and the mucous membranes.

Candidate enrollment:

Medical graduates with MBChB degree who have completed postgraduate residency and fulfill the requirements of Iraqi board for medical specializations can apply to the training program and participate in the enrollment examination. The best ranked applicator will be accepted for enrollment in the training program. The number of accepted students is decided annually by the scientific council of dermatology and venereology.

The training program in dermatology provides a broad and varied educational experience. Educational activities involve graduate medical trainees over a 4-year period. The experience is progressive with more responsibility, regularly scheduled conferences, seminars, as well as supervised clinical care of patients. Dermatopathology, aesthetic dermatology and dermatologic surgery are integral parts of our residency program. At the end of four year training period, the candidates who pass the final summative exam will be given the degree of fellowship of Iraqi board for medical specializations - dermatology and venereology which is regarded as the highest scientific degree in the field.

The following is a description of the program and its rotations along with current policies and procedures.

II. EXPECTED COMPETENCIES FOR RESIDENTS FOR EACH YEAR OF TRAINING

First year Resident (PGY1)

	Competency	MK	PC	PBL	C	P	SBP
1	Demonstrate knowledge of basic sciences – e.g. anatomy, embryology, physiology, biochemistry, genetics, pharmacology & microbiology.	*					
2	Demonstrate knowledge of the indications for and risks of dermatologic therapies (topical and systemic agents, phototherapeutic modalities).	*					
3	Demonstrate knowledge of relevant internal medical diseases, genitourinary problems, and psychiatry	*	*	*	*		

MK = Medical Knowledge; PC = Patient care; PBL = Practice-based learning and improvement (involving the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care); C = Interpersonal and Communication skills; P = Professionalism; SBP = Systems based practice (as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value)

Second Year Resident (PGY2)

	Competency	MK	PC	PBL	C	P	SBP
1	Obtain and document a complete history (present, past and family) and focused review of systems	*	*		*		
2	Perform and document an appropriate physical examination	*	*		*		
3	Appropriately describe morphology, configuration, and distribution in documenting physical examination findings.	*					
4	Recognize, know the characteristics of, and manage major dermatologic diseases under supervision	*	*	*	*	*	
5	Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision	*	*	*	*		
6	Select appropriate biopsy site and technique for different clinical scenarios	*	*	*			
7	Perform basic diagnostic procedures (e.g. KOH, Tzanck smears, Scabies prep, hair examination, Woods lamp Dermoscopyetc)	*	*				
8	Perform simple surgical procedures (shave biopsy, punch biopsy, curettage and		*		*		

	electrodessication of benign and malignant lesions, incision and drainage of cysts, cryosurgery, basic simple excisions of benign and malignant lesions) <i><u>under supervision</u></i>						
9	Be able to answer and triage calls from the ER or consulting physicians under supervision	*	*	*	*	*	*
10	Interpret and present synopses of articles from the current literature	*		*	*		*
11	Select relevant information from major dermatologic texts and apply it to patient care	*	*	*	*		*
12	Recognize by description the major histopathologic patterns of dermatologic disease	*	*		*		*
13	Demonstrate compassionate care of patients taking into consideration social, ethnic and behavioral factors		*	*	*	*	*
	Be sensitive to diverse patient populations		*		*	*	*
	Develop an awareness of the quality and cost of care including an analysis of cost- effectiveness	*	*	*	*	*	*
14	Follow basic ethical principles				*	*	
15	Strengthen the ability to communicate with patients and other medical personnel		*		*	*	

Third Year Residency (PGY3) – In addition to those competencies developed during the first and second years of residency, the third- year resident should

	Competency	MK	PC	PBL	C	P	SBP
1	Recognize and develop a differential diagnosis for most dermatologic diseases under supervision.	*	*	*	*		
2	Recognize and manage sexually transmitted diseases and infections under supervision	*	*	*	*	*	
3	Perform more advanced surgical procedures (nail avulsion and matrixectomy, excision of benign and malignant lesions with appropriate repair)	*	*	*	*	*	*
4	Select appropriate management for malignant lesions (destruction, topical therapies, excision, referral for radiation and counsel patients on the risks, benefits, and alternatives to dermatologic procedures.	*	*	*	*	*	*

5	Select appropriate therapies for dermatologic conditions (topical, systemic, and photo therapies) and counsel patients about the risks, benefits, and alternatives to therapy under supervision	*	*	*	*		*
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6	Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision	*	*	*	*	*	*
7	Be able to answer and triage calls from the ER or consulting physicians under supervision	*	*	*	*	*	*
8	Perform patch tests and interpret results under supervision	*	*	*			
9	Know the essentials of wound care and manage wounds	*	*	*			
10	Recognize major histopathologic patterns of dermatologic disease and develop a differential diagnosis for most histopathologic specimens	*	*		*		*
11	Know the essentials of laser therapies, hair transplantation, filler, botox, Micrographic surgery, phototherapy, photodynamic therapy and chemical peels.	*	*	*	*		

Fourth Year Dermatology Resident (PGY4) - In addition to those competencies developed during the first, second and third years of residence, the Fourth-year resident should:

	Competency	MK	PC	PBL	C	P	SBP
1	Be able to recognize and develop a differential diagnosis for most dermatologic diseases under little or no supervision.	*	*	*	*		
2	May be able to answer consultations in outpatient and inpatient settings with little or no supervision.	*	*	*	*	*	*
3	Select and manage appropriate therapies for dermatologic conditions with minimal supervision with consideration for safety, efficacy, adverse event profile, and cost of therapies	*	*	*	*	*	*
4	Order appropriate diagnostic tests with consideration for the accuracy, expense, and safety of the tests	*	*	*			*

5	Perform advanced surgical procedures including excision of malignant lesions with appropriate margins and repair with grafts or flaps.	*	*	*	*	*	*
6	Practical application of laser therapies, hair transplantation, filler, Botox Micrographic surgery, phototherapy and chemical peels and under supervision.	*	*	*	*		
7	<u>Participate in teaching</u> basic dermatology to medical students and first year residents.	*			*	*	

- a. MK = Medical Knowledge; PC = Patient care; PBL = Practice-based learning and improvement (involving the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence,

and improvements in patient care); C

= Interpersonal and Communication skills; P = Professionalism; SBP = Systems based practice (as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value)

III. **LEARNING OBJECTIVES**

A. **Description of Teaching Activities**

1. General Dermatology Clinics. The resident will:
 - a. Learn history taking and physical examination of patients with skin diseases using proper dermatologic nomenclature.
 - b. Learn to order appropriate laboratory tests.
 - c. Perform common diagnostic and therapeutic dermatological procedures including scrapings, smears, and simple biopsies (shave, punch, wedge, incisional).
 - d. Learn the technique of selecting an appropriate medical treatment.
 - e. Learn the appropriate steps to monitor the selected therapy.
 - f. Obtain proper epidemiological history from patients.
 - g. Pay particular attention to patients' emotional needs.
 - h. Learn to apply principles of evidenced-based medicine.
 - i. Learn to use the institutional facilities for the well-being of the patient.
 - k. Relate effectively with patients and relatives.
 - l. Relate effectively with other healthcare personnel.
 - m. Learn to consider the cost of healthcare in the management of diseases.

B: clinical care settings

First Year Residents

Should be able to:

- a. Demonstrate sufficient knowledge of basic sciences – e.g. anatomy, embryology, physiology, biochemistry, genetics, & microbiology.
- b. Demonstrate knowledge of the indications for and risks of dermatologic therapies (topical and systemic agents, phototherapeutic modalities)
- c. Demonstrate knowledge of relevant internal medical diseases, genitourinary problems, and psychiatry

Second Year Residents

Should be able to:

- d. Obtain and document a complete history (present, past and family) and focused review of systems
- e. Perform and document an appropriate physical examination
- f. Appropriately describe morphology, configuration, and distribution in documenting physical examination findings.
- g. Recognize, know the characteristics of, and manage the most common dermatologic diseases under supervision
- h. Perform basic diagnostic procedures (e.g. KOH, Tzanck smears, Scabies prep, hair examination, use of Wood's lamp)
- i. Select appropriate ancillary studies.
- j. Select appropriate biopsy site and technique for different clinical scenarios
- k. Perform simple surgical procedures (shave biopsy, punch biopsy, curettage and electrodesiccation of benign and malignant lesions, incision and drainage of cysts and abscesses, cryosurgery, basic simple excisions)
- l. Interpret and present synopses of articles from the current literature
- m. To select relevant information from major dermatologic texts and apply it to patient care
- n. To recognize by description the major histopathologic patterns of dermatologic disease

- o. Demonstrate compassionate care of patients taking into consideration social, ethnic and behavioral factors
- p. Be sensitive to diverse patient populations
- q. Develop an awareness of the quality and cost of care including an analysis of cost-effectiveness
- r. Follow basic ethical principles
- s. Demonstrate ability to communicate with patients and other medical personnel

Third Year Resident:

Should be able to:

1. Recognize and develop a differential diagnosis for most dermatologic diseases under supervision.
2. Recognize and manage sexually transmitted diseases and infections under supervision
3. Perform more advanced surgical procedures (nail avulsion and matrixectomy, simple excision of benign and malignant lesions with appropriate repair)
4. Select appropriate management for malignant lesions (destruction, topical therapies, excision, Mohs, referral for sentinel lymph node biopsy, referral for radiation) and counsel patients on the risks, benefits, and alternatives to dermatologic procedures.
5. Select appropriate therapies for dermatologic conditions (topical, systemic, and photo therapies) and counsel patients about the risks, benefits, and alternatives to therapy under the supervision
6. Manage inpatients with serious dermatologic diseases (e.g. pemphigus, TEN, etc.) under supervision
7. Be able to answer and triage calls from the ER or consulting physicians under supervision.
8. Perform patch tests and interpret results under supervision.
9. Know the essentials of wound care and manage wounds under supervision.
 - 10-Knows the essentials of laser therapies, hair transplantation, filler, botox, Micrographic surgery, phototherapy, photodynamic therapy, and chemical peels.

Fourth Year Resident:

1. Be able to recognize and develop a differential diagnosis for most dermatologic diseases with no or little supervision
2. Know the essentials of laser therapies, hair transplantation, filler, botox, Micrographic surgery, phototherapy, photodynamic therapy, and chemical peels

3. Select and manage appropriate therapies for dermatologic conditions with minimal supervision with consideration for safety, efficacy, adverse event profile, and cost of therapies
4. Order appropriate diagnostic tests with consideration for the accuracy, expense, and safety of the tests
5. May be able to answer consultations in outpatient and inpatient settings with little or no supervision
6. Teach basic dermatology to medical students and first-year residents.
- 7-Practical application of laser therapies, hair transplantation, filler, botox Micrographic surgery, phototherapy, photodynamic therapy and chemical peels under supervision.

C. DERMATOPATHOLOGY

Develop skills in the interpretation of slides from biopsies of skin lesions and dermatoses. The resident will recognize the major patterns of inflammatory skin diseases, the most common benign and malignant neoplasms of the skin. The resident will be able to formulate a differential diagnosis and establish a sound clinicopathological correlation.

First-year residents:

Basic lectures for 3 months and include:

Pathology

- * Understand the basics of laboratory operation from the acquisition of the biopsy, and processing of the specimen to the production of a final report. Develop an appreciation for potential sources of errors and the need for meticulous record keeping from the bedside to delivery of the final report.
- * Recognize appearance, basic utility, and appropriate utilization of common histochemical special stains (why order which stains when).
 - * Gain an understanding of the basic science behind immunohistochemistry.
- * Become familiar with the most used immunoperoxidase antibodies and their appearance, including the use of internal controls.
- * Gain an understanding of the basic science behind immunofluorescence, along with the strengths and weaknesses of immunohistochemistry.

Anatomy

- * Recognize the normal appearance of the skin, basic structures within the skin, and regional variations including the impact these anatomic variations have on the development of a differential diagnosis.
 - * Learn the structure and function of the microanatomy of the hair follicle and correlate it with adnexal tumors.
- * Develop a basic understanding of the ultrastructure of the basement membrane zone and correlate it with immunofluorescent patterns in immunobullous disorders.
- * Statistics
- * Microbiology
- * Pharmacology

The remaining 9 months include a clinical attachment with relevant medical specialties including internal medicine (3 months), plastic surgery (2 months), gynecology, pediatric, urology, and psychiatry (1 month for each branch)

Second-year residents

Should be able to:

2. Recognize the difference between neoplastic and inflammatory dermatoses. Be able to categorize the various inflammatory dermatoses into the major reaction patterns (i.e. psoriasiform, lichenoid, superficial perivascular, superficial and deep, etc.)
3. Understand the general architectural and cytologic characteristics used to distinguish benign and malignant neoplasms
4. Understand the general histologic characteristics used to distinguish primary from metastatic cutaneous neoplasms
5. List the differential diagnoses of various tumors
6. Understand the basic science behind immunohistochemistry and understand how immunohistochemical panels are used in the diagnosis of poorly differentiated and spindle cell cutaneous neoplasms
7. Understand the basic histologic characteristics used to distinguish benign from malignant melanocytic tumors

8. List the various cytochemical stains and describe what materials they are designed to localize
9. Distinguish and classify adnexal tumors
10. Distinguish and classify cysts
11. Perfect their own biopsy technique based on their understanding of the histopathology of the disease

Residency at the dermatology departments

Third Year Learning Objectives

- * Review and increase the depth of knowledge of 1st and second-year objectives.
- * Begin more independent functioning at the microscope. This includes becoming comfortable with “driving” when looking at cases, beginning to find the pathology without being led to it, and articulating a reasonable differential diagnosis without significant coaxing.

Fourth Year Learning Objectives:

- * Describe the histopathologic differences between atypical and malignant melanocytic neoplasms
- * Produce a complete list of differential diagnoses for each of the major histopathologic reaction patterns and define the subtle characteristics used to distinguish amongst the various entities within each category
- * Identify and distinguish the different reaction patterns associated with various infectious processes (i.e. viral infection, bacterial infection, fungal infection, rickettsial infection, protozoan infection, etc.)
 - * Be able to identify the various types of cutaneous fungal infection based on size and other morphologic features
 - * Classify benign and malignant soft tissue tumors based on tumor architecture and cytology
 - * Classify the immunobullous disorders based on histopathology and immunofluorescence pattern
- * List the histopathologic and immunophenotypic characteristics used to distinguish lymphoma and pseudolymphoma and used to categorize the subtype of lymphoma

Residency at the dermatology departments

Basic and Anatomy

- * Review and increase depth of knowledge of 2nd and 3rd year objectives.
- * Understand the medicolegal implications of sampling error, technical laboratory error and diagnostic error.

Develop problem solving skills to minimize possibility of error.

D: DERMATOLOGIC SURGERY

During the second year of residency. The objective is to become familiar with surgical techniques including simple and complex closures, microscopically controlled surgery, flaps, grafts, surgical materials, preoperative and postoperative techniques, laser surgery, chemical and mechanical

Second Year Objectives

1. Be able to differentiate various types of suture and describe appropriate anatomic locations for each type.
2. Display competency in performing cutaneous biopsies (including shave, saucerizations, punch, incisional, and excisional types)
3. Know principles of the preoperative assessment of surgical patient.
4. Be able to differentiate between the types of surgical preparation scrubs
5. Prep a surgical patient adequately
6. Know the names of the surgical instruments used in cutaneous surgery
7. Display knowledge of facial anatomy including recognition of the facial danger zones
8. Perform the placement of sutures with proper wound eversion
9. Know types of topical and local anesthetics, mechanism of action, and duration of effect
10. Be able to perform a fusiform/elliptical excision

Third Year Objectives

1. Demonstrate an understanding of electrocautery
2. Demonstrate skill in performing interrupted, running, horizontal mattress, vertical mattress, and running subcutaneous suture technique
3. Be able to administer local anesthesia including field blocks, facial nerve blocks, and digital blocks
4. Know the different repair options for wound closure (i.e. second intention healing, primary closure, grafts, flaps) and when they are best used
5. Know and be able to differentiate between all types of flaps
6. Perform the placement of sutures and obtain greater wound eversion
7. Know all of the types of lasers used in dermatologic surgery as well as their wavelength and clinical application
8. Describe the margins necessary for the removal of both melanoma and nonmelanoma skin cancers (including high risk tumors)

Fourth Year Objectives

1. Be able to visualize and implement reconstructive procedures
2. Be able to describe the theory of selective photothermolysis
3. Perform laser surgery using the pulse dye laser for the removal of a vascular lesion all lasers
4. Be able to describe the mechanism of action for botulinum toxin injections. Demonstrate knowledge of anatomy where botulinum toxin injections may be utilized for cosmetic enhancement. Demonstrate appropriate technique with injecting.
5. Knowledge of the different types of injectable fillers and demonstration of their use.
6. Know the difference between the types of grafts utilized in hair transplantation
7. Able to design and complete complex wound closure
8. Understand principles of wound healing

E: CONFERENCES

Journal Club

- A. Learning Objectives
 - i. Develop an ability to critically analyze published articles.
 - ii. Recognize important advances in the basic understanding, diagnosis, and management of dermatologic diseases.
 - iii. Develop a life-long habit of reading and analyzing the medical literature.
 - iv. Demonstrate communication skills in presenting an analysis of articles in a clear and concise manner.
- B. Journals routinely reviewed are the JAMA Dermatology, Journal of the American Academy of Dermatology, British Journal of Dermatology, Journal of Investigative Dermatology, Dermatologic Surgery, Pediatric Dermatology, Journal of the European Academy of Dermatology and Venereology, Experimental Dermatology, Dermatologic Clinics and lasers in surgery and medicine
- C. Though certain articles from *JAMA Dermatology and Journal of the American Academy of Dermatology* are assigned for discussion, residents are expected to read the entire journal monthly.
- D. A faculty discussant/leader for each session is assigned on a rotating basis and aids the residents in the selection of articles to review. Each resident is responsible for a PowerPoint presentation that aids in his/her oral presentation of one article per journal club. The faculty leader moderates the discussion with participation from other faculty members wishing to speak.

CLINICAL DIAGNOSTIC CONFERENCE Done on weekly bases

A. Learning Objectives

- i. Examine the skin more efficiently and effectively.
- ii. Construct and prioritize a differential diagnosis for skin diseases.
- iii. Design an appropriate plan for evaluation and management of patients with skin disease.

B. Procedures

1. Second year residents are responsible for signing in patients (collecting patient contact information/data and signing consent forms for pictures).

This information is stored in a binder. Second year residents are also responsible for removing any sutures ready for removal from previous biopsies.

2. Third year residents are responsible for obtaining clinical photographs from the clinical conference.

3. DERMATOPATHOLOGY DIAGNOSTIC CONFERENCE – Done on weekly bases

A. Learning Objectives

- i. Analyze pathology specimens more critically.
- ii. Develop and prioritize a differential diagnosis for pathology.
Recognize the importance of clinicopathologic correlation in establishing a “final” or “working” diagnosis.

4. Clinicopathologic Conference -- This conference is organized on an annual basis.

A list of all the patients to be presented is available about two weeks prior to the CPC. The residents are responsible for dividing the cases among themselves and should be prepared to discuss the history, past medical history, physical examination, and follow-up findings.

A. Learning Objectives

- i. Understand the relationship between clinical disease and its pathologic representation.
- ii. Develop better diagnoses by learning to correlate clinical and pathologic findings.

5. **Conferences :**

Residents regularly attend National or regional meeting annually

Residents in their second and third and fourth years are obliged to attend at least one of the meetings during their residency and they have to submit a case or study for presentation at the meeting of their choice.

Encourage the students to get a free scholarship for short or medium courses or workshops inside or outside Iraq or even participate on their own money at least once a year for the second, third- and fourth-year students.

These meetings provide the resident with skills or knowledge that may not be readily available in Their training centers.

A. **Learning Objectives**

- i. Expand knowledge base for diseases of skin, hair, nails, and mucous membranes.
- ii. Develop contacts with residents and faculty from other programs.

Patient Care -- The residents are responsible for the care and management of patients in the clinics, offices, and hospitals. They must keep clear and complete medical records under the guidance and supervision of the attending staff, following the guidelines and regulations that apply by the ministry of health.

Attendance – At all clinics, rounds, conferences and meetings are mandatory. The residents are expected to be punctual, courteous, and hard-working. Residents are expected to remain on duty until all work is finished.

Vacation Days – In accordance with Iraqi council of medical specialization policy, four weeks of vacation are allowed for each resident during the whole training program, Personal days, and maternity leaves are included within this allotment. Vacations will be scheduled as four 1-week blocks at the beginning of the Academic year. Vacations should be scheduled so that no more than two residents are away at the same time. Except for extraordinary circumstances, vacation/leave is not permitted during the days of important activities. Vacation is managed by the third-year residents. Attempts will be made to distribute vacation evenly. Vacation will be scheduled prior to the start of the academic year to allow for the VA continuity clinics to be scheduled. If residents have outstanding circumstances that require them to schedule vacation differently than our policies, they should be submitted as a written request to the chief residents and will be taken into consideration.

Leave beyond this period and may result in a lengthening of the time needed to complete the requirements for eligibility to sit for the certifying examination of Iraqi council of medical specialization.

B. Policy on Resident Supervision.

POLICY ON RESIDENT SUPERVISION GRADUATE MEDICAL EDUCATION PROGRAMS

The student are asked to complete all the requirements mentioned in the LOG BOOK every study year. Failure to adhere to these requirements may result in loss of accreditation of the training program and/or institution.

Resident Duty Hours

POLICY ON RESIDENT DUTY HOURS

C. Policy on the Process of Evaluation

The Division of Dermatology continuously evaluates the residents.

We have two summative assessments and Two formative assessments.

The summative assessments hold at the end of the first and the 4th year while the formative assessments are held at the end of the second and third year.

Regarding summative assessment, it done centrally for all students with participation of supervisors from all training centers.

Regarding the summative assessment at the end of the first year, it is made as one paper in one day and the time is 3 hours. it required a 60 out of 100 to pass this assessment. The number of the trials in this assessment is 3 at 6 months interval; otherwise, it is regarded as (FAIL to PASS THIS ASSESSMENT and regarded AS OUT OF THE PROGRAM).

The summative assessment at the end of the final year is made by two papers as a written assessment and it is required to 60 % degree of success to pass to the practical part. This part includes clinical cases; dermatopathology; oral exam. The passing score of each part of practical exam is 60 out of 100. For the students to pass the final exam, the sum of the theoretical and practical exam should be 70 out of 100.

If the resident fails to pass the assessment; he or she needs to repeat it after 6 months. The total number of the

trials are 3. otherwise, it is regarded as (FAIL to PASS THIS ASSESSMENT and regarded AS OUT OF THE PROGRAM).

Regarding the formative assessment, it is a clinical concentrated exam done centrally or at the students training centers. If the resident fails to pass the assessment; he or she needs to repeat it after 3 months. The total number of the trails are 3. If the resident failed to pass the formative assessment; the entry to the final exam delay for extra 6 months.

MODEL CHECKLIST FOR EVALUATION OF JOURNAL CLUB

Name of the Journal:

Title of the article:

1.

2.

Name of the moderator:

Sl no.	Observations	Poor D	Average C	Good B	Excellent A
1	Clarity of presentation				
2	Use of Audio-visual aids				
3	Time scheduling				
4	Analysis of Study design or report				
5	Analysis of Objectives of the article				
6	Analysis of Materials and methods				
7	Analysis of presentation of Results				
8	Analysis of Discussion of results				
9	Analysis of Conclusions drawn				
10	Cross references referred				
11	Ability to answer questions				
12	Overall performance				

MODEL CHECKLIST FOR EVALUATION OF CLINICO-PATHOLOGICAL CORRELATION

Histopathology slide:

Name of the moderator:

Sl no.	Observations	Poor D	Average C	Good B	Excellent A
1	Clarity of presentation				
2	Ability to recognize all pathological changes				
3	Chronological order of presentation				
4	Interpretation of each pathological change				
5	Histiogenesis of each pathological change				
6	Ability to exclude relevant differential diagnosis				
7	Ability to defend the diagnosis				
8	Ability to answer questions				
9	Overall performance				

Remarks:

Date:

(Signature of the moderator)

MODEL CHECKLIST FOR EVALUATION OF CASE PRESENTATION

Diagnosis of case:

Name of the moderator:

Sl no.	Observations	Poor D	Average C	Good B	Excellent A
1	Clarity of presentation				
2	Relevant history taking				
3	Chronological order of presentation				
4	Interpretation of historical findings				
5	General physical examination				
6	Completeness of cutaneous examination				
7	Demonstration of clinical signs and tests				
8	Interpretation of clinical signs and tests				
9	Examination of relevant systems				
10	Summary of the case				
11	Ability to defend the diagnosis				
12	Ability to exclude differential diagnosis				
13	Demonstration of side lab procedures				
14	Interpretation of side lab procedures				
15	Chronology of relevant lab investigations				
16	Interpretation of lab investigation				
17	Ability to use clinical and lab findings in management strategy				
18	Suggestion of appropriate management strategy				
19	Ability to answer questions				
20	Communication and behavioral skills				
21	Overall performance				

Remarks:

Date:

(Signature of the moderator)

Postgraduate Students Appraisal Form
Pre / Para /Clinical Disciplines

Name of the Department/Unit :

Name of the PG Student :

Period of Training : FROM.....TO.....

Sr. No.	PARTICULARS	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
1.	Journal based / recent advances learning										
2.	Patient based /Laboratory or Skill based learning										
3.	Self directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	Log Book Maintenance										

Publications Yes/ No

Remarks* _____

*REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD